


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90015 042 \*\*\*150.00

**DOCUMENT # P93000038433**

1. Entity Name  
**FLAMINGO PARK KIDNEY CENTER, INC.**



Principal Place of Business  
**7815 CORAL WAY #115  
 MIAMI FL 33155**

Mailing Address  
**21250 HAWTHORNE BLVD  
 TORRANCE CA 90503  
 US**

03001000



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**101 Hawaii St.**  
 Suite, Apt. #, etc.

City & State  
**El Segundo, CA**

City & State  
**El Segundo, CA**

Zip  
**90245**

Country  
**USA**

4. FEI Number  
**65-0431823**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City  
**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE CCEO	NAME THIRY, KENT J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 21250 HAWTHORNE BLVD.	CITY-ST-ZIP TORRANCE CA 90503	
TITLE COO	NAME MELLO, JOSEPH C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 21250 HAWTHORNE BLVD.	CITY-ST-ZIP TORRANCE CA 90503	
TITLE VPC	NAME BELL, GARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1423 PACIFIC AVENUE	CITY-ST-ZIP TACOMA WA 98402	
TITLE CFO	NAME WHITNEY, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 21250 HAWTHORNE BLVD	CITY-ST-ZIP TORRANCE CA 90503	
TITLE CMO	NAME MCALLISTER, CHARLIE MD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 21250 HAWTHORNE BLVD.	CITY-ST-ZIP TORRANCE CA 90503	
TITLE VPCS	NAME UDICIOUS, STEVEN ESQ.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 21250 HAWTHORNE BLVD.	CITY-ST-ZIP TORRANCE CA 90503	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE CEO	NAME Kent J. Thiry	STREET ADDRESS 101 Hawaii St.	CITY-ST-ZIP El Segundo, CA 90245	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE COO	NAME Joseph C. Mello	STREET ADDRESS 101 Hawaii St.	CITY-ST-ZIP El Segundo, CA 90245	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME Guy Seay	STREET ADDRESS 101 Hawaii St.	CITY-ST-ZIP El Segundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CFO	NAME Richard K. Whitney	STREET ADDRESS 101 Hawaii St.	CITY-ST-ZIP El Segundo, CA 90245	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CMO	NAME Charles J. McAllister, MD	STREET ADDRESS 101 Hawaii St.	CITY-ST-ZIP El Segundo, CA 90245	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP, GC, S	NAME Patrick A. Broderick	STREET ADDRESS 101 Hawaii St.	CITY-ST-ZIP El Segundo, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/1/04** **(310)536-2604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #